

# EXHIBIT B

**Assurant Health**  
PO Box 624  
Milwaukee, WI 53201-0624



**ASSURANT Health**

ENV 2040  
7 OF 15

### Forwarding Service Requested

MIXED ADC 320  
2040 3.1512 MB 1.196  
HELEN KAHANER  
20 HARROGATE DR  
HILTON HEAD, SC 29928-3367

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**If you have questions, Customer Service is available  
Monday - Friday, between the hours of  
7:00 am - 6:00 pm, Central Time at  
800-743-8463**

**Date:** 07/31/2007  
**Claim Number:** KE-410059-001-3-01-10-0003  
**Control Number:** 250433682  
**Policy:** 0000410059 **Cert:** 00000003  
**Insured Name:** Helen Kahaner  
**Patient Acct #:** 413243203  
**Patient Name:** Helen Kahaner  
**Provider Name:** Paul H Dalecki MD

*Please Retain This Statement For Tax Purposes*

### Explanation of Benefits - THIS IS NOT A BILL

Service Code	Service Description	Service Date(s)	Provider Charge	Allowed Amount	Discount Amount	Not Covered	Deductible	Copay	Pay At	Remarks	Amount Paid
00862	Anesthesiology	03/09/2007	\$2,990.00	\$2,691.00	\$299.00				100%	0704	\$2,691.00
<b>TOTALS</b>			\$2,990.00	\$2,691.00	\$299.00						\$2,691.00

**\*Patient Responsibility \$0.00**

*\*remit patient responsibility directly to provider*

0704 MultiPlan rate applied You should not be billed for the discount amount, but are responsible for the difference between the allowed amount and the amount paid by the plan.

### Plan Accumulators

Description	Current Year				Prior Year			
	Individual		Family		Individual		Family	
	YTD	Remaining	YTD	Remaining	YTD	Remaining	YTD	Remaining
Deductible	\$2,000.00	\$0.00	\$2,000.00	\$2,000.00	\$1,618.54	\$381.46	\$1,618.54	\$2,381.46
Out-Of-Pocket	\$228.86	\$2,771.14	\$228.86	\$5,771.14	\$0.00	\$3,000.00	\$0.00	\$6,000.00
PPO Out-Of-Pocket	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Lifetime Maximum		\$1,993,823.44						

### Payment Summary

Payment Sent To	Payment Amount	Payment Date
Paul H Dalecki MD	\$2,691.00	07/31/2007

### Notes

- Fraud robs you! Call our fraud HOTLINE to report possible fraudulent activity at 800-800-3830 Ext 8324 For any other matters please use the Member Services number on the front of your eob
- YOUR RIGHT TO A REVIEW OF A CLAIM  
The procedure set forth below is a general statement of the claim review procedure which may be used by any insured who desires a formal review of a claim determination. If you have questions regarding the formal review process, please contact our office at 1-800-444-6254 to discuss.
- Assurant Health markets products underwritten by Time Insurance Company, Union Security Insurance Company and John Alden Life Insurance Company